



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008749 1. Entity Name TRUE BLOOD MINISTRIES INC.				<div style="text-align: right;">FILED</div> <div style="text-align: right;">2008 SEP 15 AM 8:19</div> <div style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: right; margin-top: 10px;">9:17 AM</div> <div style="text-align: center; margin-top: 10px;">  </div>	
Principal Place of Business 5218 JERSEY AVE SOUTH GULFPORT, FL 33707		Mailing Address 5218 JERSEY AVE SOUTH GULFPORT, FL 33707		05152008 Chg-NP CR2E037 (12/06) 4. FEI Number 56-2466162	
2. Principal Place of Business - No P.O. Box # 4345 18th Ave S		3. Mailing Address 4345 18th Ave So			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State St Petersburg FL		City & State St Petersburg FL			
Zip 33711		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, LILLIE 5218 JERSEY AVE SOUTH GULFPORT, FL 33707		7. Name and Address of New Registered Agent Name Lillie Daniels Street Address (P.O. Box Number is Not Acceptable) 4345 18th Ave So City St Petersburg FL Zip Code 33711			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Lillie Daniels (NOTE: Registered Agent signature required when reinstating) DATE 09/18/08 <div style="text-align: right;">800136106078 09/18/08--01047--012 **\$61.25</div>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIELS, LILLIE 5218 JERSEY AVE SOUTH GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniels, Lillie 4345 18th Ave So St Petersburg, FL 33711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, JERICO 5218 JERSEY AVE SOUTH GULFPORT, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reed, Adam 4345 18th Ave So <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Lillie Daniels <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		10-1-08 <small>Date</small>		927-321-3780 927-6A2-3188 <small>Daytime Phone #</small>	